

Transition Individualized Education Program (IEP)



July 28, 2005

Transition Individualized Education Program Team (IEPT) Report

Including Post-School Transition Considerations

(Required for students 16 years of age during the IEP year and recommended for students 13 years and over)

IEP Date: _____ Prior IEP Date: _____ Initial/Most Recent Reevaluation IEP Date: _____

Birth Date: _____ Gender: _____ Grade: _____ Student ID: _____

Student's Last Name: _____ First: _____ MI: _____

Address: _____ City: _____

State: _____ Zip Code: _____ County: _____ Telephone: _____

Resident Dist.: _____ Operating Dist.: _____ Attending Bldg: _____

Parent's Last Name: _____ First: _____ Relationship: _____

Native Language or Other Communication Mode: _____ Interpreter is Needed Y___ N___

Address (if different): _____

Telephone: Home: _____ Work: _____ Pager/Cell: _____ E-Mail: _____

Parent's Last Name: _____ First: _____ Relationship: _____

Native Language or Other Communication Mode: _____ Interpreter is Needed Y___ N___

Address (if different): _____

Telephone: Home: _____ Work: _____ Pager/Cell: _____ E-Mail: _____

The Purpose of this IEP Team Meeting is to Discuss (check one of the following):

☐ Initial Eligibility ☐ Review/Revise IEP ☐ Reevaluation ☐ Additional/change of disability reevaluation

☐ Other, please specify: _____

Parental Rights and Age of Majority (check all applicable):

☐ If the student will be age 17 during this IEP, the student was informed of parental rights that will transfer to him or her at age 18.

☐ If the student has turned age 18, the student and parent were informed of the parental rights that transferred to the student at age 18 including the right to invite a support person(s) such as a parent, other family member, advocate, or friend.

☐ The student has turned age 18 and there is a guardian established by court order. The guardian is: _____

☐ The student has turned age 18 and has appointed a legally designated representative (e.g., power-of-attorney, trustee).

The representative is: _____

IEP Team Meeting Participants in Attendance

Check the box ☐ indicating the IEP Team member who can explain the instructional implications of evaluation results.

Check the circle ☐ indicating the IEP Team member who has observed the student suspected of having a learning disability.

Student

Adult Service Agency Representative

Parent

General Education Teacher

Parent

Special Education Teacher/Provider

Public Education Agency Representative/Designee

Participant signatures are required to verify a determination regarding a suspected learning disability under R 340.1713.

Any member who disagrees must submit a separate statement presenting his or her conclusion.

Attendance Not Necessary

The Parent and the LEA agree that the attendance of a member listed below is not necessary because the member's area of curriculum or related service is not being modified or discussed in the meeting.

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Excusal Prior to the IEP Team Meeting

A member of the IEP Team may be excused from attending an IEP meeting, in whole or in part, when the meeting involves a modification to or discussion of the member's area of the curriculum or related service, if:

- 1) The parent and the local educational agency consent to the excusal; and
- 2) The member submits, in writing to the parent and the IEP Team, input into the development of the IEPT Report prior to the meeting. A parent's agreement shall be in writing.

Eligibility for Special Education

The IEP Team determined this student to be (check one): ☐ Ineligible ☐ Eligible

Primary disability: _____

Secondary disability, if any: _____

Factors to Consider in Order to Provide a Free and Appropriate Public Education (FAPE)

Consider (check) each of the following and comment below as appropriate:

- ☐ strengths of the student
- ☐ parent input and concerns for enhancing the education of the student
- ☐ results of an initial evaluation or the most recent reevaluation of the student
- ☐ progress on the current IEP annual goals and objectives
- ☐ student's anticipated needs or other matters

Comments:

Consider (check) each of the following. Needs in any of the following require a statement in the comments below:

- ☐ communication needs of the student
- ☐ positive behavior interventions, supports, and strategies for students whose behavior impedes learning
- ☐ language needs for students with limited English proficiency
- ☐ Braille instruction for students who are blind or visually impaired
- ☐ communication and language for students who are deaf or hearing impaired
- ☐ the need for assistive technology devices or services

Comments:

Present Level of Academic Achievement and Functional Performance**Specify the Student Needs for Learning**

What is the student's level of functioning and how does the disability affect his or her involvement in and progress in the general education curriculum?

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Student's Post-Secondary Goals

If student did not attend the IEP, describe the steps that were taken to ensure consideration of the student's preferences and goals:

34 CFR §300.344(b) requires the school to invite students to participate in IEP Team meetings if the meeting will include consideration of transition needs or services.

1) Adult Living: As an adult, where do you want to live?
2) Career/Employment: As an adult, what kind of work do you want to do?
3) Community Participation: As an adult, what hobbies and activities do you want to have?
4) Post-Secondary Education/Training: After high school, what additional education and training do you want?

Statement of Needed Transition Services – Include by age 16 (Required)

(Recommended beginning at age 13 and annually thereafter if determined by the IEP Team.)

Needed Transition Activities/Services Related to Student PLAAFP (describe the responsibilities of each participant)	Assessment	Responsible Agency/Person	Timeline (optional)
ADULT LIVING Considered, none needed <input type="checkbox"/>			
DAILY LIVING SKILLS Considered, none needed <input type="checkbox"/>			
FUNCTIONAL VOCATIONAL EVALUATION Considered, none needed <input type="checkbox"/>			
EMPLOYMENT Considered, none needed <input type="checkbox"/>			
COMMUNITY EXPERIENCES Considered, none needed <input type="checkbox"/>			
RELATED SERVICES Considered, none needed <input type="checkbox"/>			
FURTHER EDUCATION Considered, none needed <input type="checkbox"/>			
OTHER Considered, none needed <input type="checkbox"/>			

Was there a need to invite a community agency representative likely to provide current or future services?

Yes ☐ No ☐

If Yes, did the community agency representative attend the IEP? Yes ☐ No ☐ Explain: _____

Please list any additional steps taken to ensure that the student has made connections with any appropriate outside programs and services: _____

Courses of Study Addressing Post-School Transition Needs for Post-Secondary Adult Activities

(Required to consider the following for any student who will reach age 16 during his IEP; optional to consider at age 13 or younger if determined appropriate by the IEP Team and reviewed at each subsequent IEP). Check one:

- ☐ General and/or special education classes leading to a diploma
☐ Course of study leading to a certificate of completion

Describe how the student's courses of study align with the student's post-secondary goals:

Least Restrictive Environment

This student will:

Fully participate with students who are nondisabled in the general education setting except for the time spent in separate special education programs/services provided outside of the general education classroom as specified in this IEP.

- ☐ Yes ☐ No (explain):

Be fully involved in and make progress in the general education curriculum.

- ☐ Yes ☐ No (explain):

Have the same opportunity as general education students to participate in nonacademic and extracurricular activities.

- ☐ Yes ☐ No (explain):

Supplementary Aids/Services/Personnel Supports

Supplementary Aids/Services/Supports	Amount of Time/Frequency/Conditions	Location

- ☐ All supplementary aids, services, and supports listed above will begin on the initiation date of the IEP and continue for one calendar year, following the approved school district calendar. Note below any exceptions to beginning and ending dates and locations given above. Specify month/day/year:

Annual Goals and Short-Term Objectives

Data Used to Determine Present Level of Academic Achievement and Functional Performance:

Annual Goal: _____

Short-Term Objectives (at least two per goal)				Evaluation	Criterion	Schedule
1.						
2.						
3.						
Date	Status Obj. 1	Status Obj. 2	Status Obj. 3	Comments/Data On Progress		
Evaluation S Student's Daily Work D Documented Observation R Rating Scale T Standardized Test O Other (specify above)		Criterion __ % Accuracy __ of __ Rate __ Achievement Level Other (specify above)		Schedule W Weekly D Daily M Monthly G Grading Period O Other (specify above)		Status of Progress on Objectives 1 Achieve/Maintained 2 Progressing at a rate sufficient to meet the annual goal for this objective 3 Progressing below a rate sufficient to meet the annual goal for this objective (explain above) 4 Not applicable during this reporting period 5 Other (specify above)

Data Used to Determine Present Level of Academic Achievement and Functional Performance:

Annual Goal: _____

Short-Term Objectives (at least two per goal)				Evaluation	Criterion	Schedule
1.						
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Date	Status Obj. 1	Status Obj. 2	Status Obj. 3	Comments/Data On Progress		
Evaluation S Student's Daily Work D Documented Observation R Rating Scale T Standardized Test O Other (specify above)		Criterion __ % Accuracy __ of __ Rate __ Achievement Level Other (specify above)		Schedule W Weekly D Daily M Monthly G Grading Period O Other (specify above)		Status of Progress on Objectives 1 Achieve/Maintained 2 Progressing at a rate sufficient to meet the annual goal for this objective 3 Progressing below a rate sufficient to meet the annual goal for this objective (explain above) 4 Not applicable during this reporting period 5 Other (specify above)

Reporting Progress

☐ The parents will be regularly informed in writing of progress on goals and objectives of this IEP.

How: _____ When: _____

Special Education Programs/Related Services

Is there a need for a teacher with a particular endorsement? ☐ No ☐ Yes, specify: _____

Resource Program Only – Is a Teacher Consultant with endorsement matching the student's disability needed? ☐ No ☐ Yes

Departmentalized Program (R 340.1749c) ☐ No ☐ Yes

Special Education Programs/Services Rule Number	Frequency and Duration	Location

☐ All programs and services listed above will begin on the initiation date of the IEP and continue for one calendar year, following the approved school district calendar. Extended school year (ESY) services must be provided only if the IEP Team determines on an individual basis that ESY services are necessary for the provision of a free and appropriate public education. Note below any exceptions to beginning and ending dates and locations given above. Specify month/day/year:

Special Transportation

☐ No ☐ Yes, specifics:

Nonpublic School Pupils

Identify programs/services offered by the district but not provided because the parent elected to enroll the child in a nonpublic school:

State- and District-wide Assessment

The student will participate in the Michigan Educational Assessment System (MEAS), district-wide assessment, and/or the National Assessment of Educational Progress (NAEP*) assessments as follows:

Section 1: MEAP and MI-Access Grades Assessed

Content Area	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9	Grade 11
English Language Arts	X	X	X	X	X	X		X
Mathematics	X	X	X	X	X	X		X
Science			X			X		X
Social Studies				X			X	X

Directions: Check the one that applies to this IEP

- ☐ State Assessments are *NOT* administered at the grade level covered by this IEP.
☐ State Assessments *ARE* administered at the grade level covered by this IEP. (If checked, continue below.)

Section 2: Michigan Educational Assessment Program (MEAP)

MEAP Content Area Assessed	Is the assessment appropriate for the student? Check the appropriate box below.		If YES, for each content area, indicate if the student needs any assessment accommodation(s) and what specifically is needed. If NO, state the reason why the specific MEAP assessment is not appropriate for the student.	Is the Assessment accommodation(s) standard as per current guidelines? Check the appropriate box below.	
	YES	NO		YES	NO**
English Language Arts (Grades 3-8 and 11)					
Mathematics (Grades 3-8 and 11)					
Science♦ (Grades 5, 8 and 11)					
Social Studies♦ (Grades 6, 9 and 11)					

* For students indicate what standardized assessment(s) will be administered for each MEAP content area NOT assessed.

** Scores received using a nonstandard assessment accommodation are not eligible for the Michigan Merit Award. Also, for the No Child Left Behind (NCLB) the student will not count as assessed for NCLB participation rates.

♦ For students whose IEP Team Determines the MEAP science and/or social studies assessment(s) are not appropriate for the student, the IEP Team must determine how the student will be assessed in science and/or social studies

Section 3: MI-Access, Michigan's Alternate Assessment Program

MI-Access Type of Assessment and Content Area Assessed	Is the assessment appropriate for the student? Check the appropriate box below.		If YES, why is the alternate assessment identified appropriate for the student? and If YES, for each type of MI-Access assessment and/or content area, indicate if the student needs any assessment accommodation(s) and what specifically is needed.	Is the Assessment accommodation standard as per current guidelines? Check the appropriate box below.	
	YES	NO		YES	NO**
Participation					
Supported Independence					
Functional Independence: English Language Arts					
Functional Independence: Mathematics					
Content Areas where the State does not currently have state assessments developed.			<p>If the MEAP science and/or social studies assessment(s) are NOT appropriate for the student, indicate how the student will be assessed in science and/or social studies until the state has alternate assessments in these content areas available.</p> <p>Also, indicate if any assessment accommodations are needed for the IEP Team determined science and/or social studies assessments</p>		
Science					
Social Studies					

Section 4: English Language Proficiency Assessment (ELPA)

Directions: Check the one that applies to this IEP

- ☐ The student is **NOT** an English Language Learner, therefore the ELPA will **NOT** be administered.
- ☐ The student **IS** an English Language Learner and has been in the United States for ____ number of years. Therefore, the student will participate in the EPLA.

Requires reading assessments using tests written in English for any student who has attended school in the US (excluding Puerto Rico) for 3 or more consecutive years, with LEA discretion to use tests in another language for up to 2 additional years. States also must annually assess English proficiency for all LEP students beginning with the 2002-03 school year.

Section 5: District-wide Assessment

Directions: Check the one that applies to this IEP

- ☐ District-wide Assessments are *NOT* administered at the grade level covered by this IEP.
- ☐ District-wide Assessments *ARE* administered at the grade level covered by this IEP. (If checked, continue below.)

District-wide Assessment: List each assessment that is administered district-wide below and answer the questions to the right.	Is the assessment appropriate for the student? Check the appropriate box below.		If YES, for each content area, indicate if the student needs any assessment accommodation(s) and what specifically is needed. If NO, state the reason why the specific district-wide assessment is not appropriate for the student and indicate what alternate assessment the student will be administered.
	YES	NO	

Section 6: National Assessment of Educational Performance (NAEP)

Directions: Check the one that applies to this IEP

- ☐ The NAEP assessments are *NOT* administered at the grade level covered by this IEP.
- ☐ The NAEP Assessments *ARE* administered at the grade level covered by this IEP and this student was selected as part of the sample. (If checked, continue below.)
- ☐ The NAEP Assessments *ARE* administered at the grade level covered by this IEP, but our school was NOT selected in the sample. (If checked, nothing else is needed.)

NAEP Assessments	Is the assessment appropriate for the student? Check the appropriate box below.		If YES, for each content area, indicate if the student needs any assessment accommodation(s) and what specifically is needed. If NO, state the reason why the specific NAEP assessment is not appropriate for the student. If the student is participating in MI-Access for the NAEP content areas being assessed, an alternate assessment doe NOT need to be administered.
	YES	NO	

Commitment Signatures

Any IEP Team member may submit a dissenting report for attachment to this IEP Team Report.

Resident District – Resident district superintendent/designee (check all that apply):

- ☐ Agrees with the IEP and its implementation
- ☐ Authorizes the nonresident operating district to conduct subsequent IEP Team meetings
- ☐ Agrees that the student is not eligible for special education

- ☐ Disagrees with this IEP and:
 - ☐ requests mediation
 - ☐ requests a due process hearing

Signed: _____
Resident District Superintendent or Designee

Date: _____
month/day/year

Non-resident Operating District – The superintendent/designee (check all that apply):

- ☐ Agrees to provide the IEP program(s) and/or service(s)
- ☐ Agrees to conduct subsequent IEP Team meetings
- ☐ Agrees that the student is not eligible for special education

- ☐ Disagrees with this IEP and:
 - ☐ requests mediation
 - ☐ requests a due process hearing

Signed: _____
Operating District Superintendent or Designee

Date: _____
month/day/year

Notice Requirements

The superintendent or designee of the operating district assures that:

- (a) to the maximum extent appropriate, a person who has a disability, including a person who is assigned to a public or private institution or other care facility, is educated with persons who do not have disabilities.
- (b) placement of a person who has a disability in special classes, separate schools, or the removal of a person who has a disability from the general education environment occurs only when the nature or severity of the disability is such that education in a regular class using supplementary aids and services cannot be satisfactorily achieved.
- (c) the placement for the student is as close as possible to his or her home.
- (d) unless the IEP of a student with a disability requires some other arrangement, the student is educated in the school that he or she would attend if nondisabled.
- (e) in selecting the least restrictive environment, consideration shall be given to any potentially harmful effects to the student or the quality of services that the student needs.
- (f) a student with a disability will not be removed from education in age-appropriate regular classrooms solely because of needed modifications in the general education curriculum.

Staff responsible for implementation: _____ Initial implementation site: _____

Beginning date (month/day/year): _____ Ending date (month/day/year): _____

Signed: _____ Date: _____
Superintendent or Designee month/day/year

Adult Providing IEP Consent – I have been informed of all procedural safeguards and sources to obtain assistance, and:

- ☐ Understand the contents of this IEP
- ☐ Agree with the IEP and its implementation

- ☐ Disagree, but will allow implementation of this IEP
- ☐ Disagree with this IEP and:
 - ☐ request mediation
 - ☐ request a due process hearing

Signed: _____
Adult Providing Consent

Date: _____
month/day/year

Student Signature: _____

Date: _____
month/day/year